NEBRASKA MOTOR VEHICLE INDUSTRY LICENSING BOARD 301 CENTENNIAL MALL SOUTH, P.O. BOX 94697, LINCOLN, NE 68509

Telephone: 402-471-2148 Fax: 402-471-4563 Website: http://mvdealerbd.ne.gov

Indicate the type of license for which	application is being made	:		
MOTOR VEHICLE OR TRAILEI	•		FEF	£ \$ 600 00
MOTOR VEHICLE OR TRAILER MANUFACTURER LICENSE				· <u></u>
MOTOR VEHICLE OR TRAILER				' <u></u>
Each Manufacturer who maintains a Factor the Motor Vehicle Industry Regulation Act	y Branch in this State must li			
Applicant will comply with and be subject by the Board, and any amendments to the a				pted and promulgated
1. Name under which business is condu	ıcted:			
Address:				
Address:Street	PO Box	City	State	Zip
Telephone number: ()		FAX number: (_)	
2. Provide the name(s) and address(es) Individual: Name and address Social Security Nu		•		
Partnership: Names and addre				
List below the names, addresse	s and titles of the principal	l officers of the corp	poration or members o	f the LLC
3. Line Make or Name under which m	otor vehicles or trailers are	e marketed (please d	lo not include model n	ames):
THE A STATE OF County of	PPLICATION MUST BE			
(printed name of owner, partners, corporate officer	or member) , being first d	uly sworn, upon oath d	eposes and says: That he/s	she is the applicant
who makes the above and foregoing applicati are true.	on, that he/she has read the sar	me, knows the contents	thereof, and that all states	ments therein contained
(Signature of Applicant)		(Signature of Ap	oplicant)	
SUBSCRIBED in my present	ee and sworn to before me the	hisday of		,
	-	Notary Public		

A check, money order or cashier's check in the proper amount made payable to the NEBRASKA MOTOR VEHICLE INDUSTRY LICENSING BOARD must accompany this application.